

ATTACHMENT TO THE 2012 CONTRACT FOR CRS SERVICES

A. INTRODUCTION

1. **Community Recovery Services(CRS)** will provide individualized treatment in the community for people who have mental health diagnosis or alcohol or substance abuse diagnosis. The main goal will be to help consumers recover from their illness in a way that is meaningful to them. **Case Management** is provided by the Jefferson County Human Service Department. **Supervision** of CRS services is provided by Case Manager and Supervisor of the CRS program. The Provider is to report to and follow the directives of the County Human Services Department (Purchaser) and the County CRS program staff. Services shall be provided as directed in the individual recipient's Recovery Plan.

B. PAYMENT FOR SERVICES

1. The Provider is to submit billing statements to the Purchaser within three days after the month of service, in accordance with County procedures. Payments for authorized services for which statements are received on a timely basis will be made by the fifteenth of the month following the month of service. The rates to be paid by the Purchaser for services provided are as shown on the Contract Summary. It is to be understood that the CRS portion of services provided is included in the rates as shown, unless listed separately.

C. PROVIDER RESPONSIBILITIES

1. The Provider will comply with all reporting and service requirements pertaining to the provision of CRS services, in accordance with Wisconsin Administrative Code HSS 107 and Chapter HFS 36 or as directed by the County.
2. The Provider is to notify the County of changes in client condition or situation, including medical and other pertinent issues, in accordance with County procedures. Within twenty-four hours, the Provider must notify the County of any hospital admission or emergency room visit.
3. The Provider will comply with confidentiality requirements and adhere to all legal rights of the client, in accordance with Wisconsin Administrative Code.
4. The Purchaser is not liable for personal injuries or property damages related to services provided under the contract. The Provider must maintain sufficient insurance coverage for loss due to injury, accident (including auto), or other damages.
5. CRS workers will be employees of the Provider.
6. Jefferson County CRS staff and supervisor are to have access to specified provider employee personnel and training records. The County will be allowed access to recipient records for the purpose of monitoring and review.
7. CRS workers must meet training requirements according to standards. Providers will be responsible for documentation of qualifications of CRS workers. Training requirements are either forty hours of CRS training or 20 hours with six months equivalent work experience. Further training may be necessary under certain circumstances, as directed by the County CRS Supervisor.
8. Materials and equipment necessary for the delivery of CRS services will be supplied by the Provider.
9. The Provider will check criminal histories of their CRS workers prior to hire, and will not employ persons convicted of a crime related to the provision of services to vulnerable people.

10. CRS workers must complete timesheets documenting the types and duration of covered services, and will submit the timesheets to the Jefferson County Fiscal unit on a monthly basis, immediately following the end of each month, according to procedures as directed. Payments may be withheld if timesheets are not turned in, or if other documents are not properly maintained (i.e. background checks, training records).

D. SERVICE REQUIREMENTS

Contracting for Community Recovery Services

Medicaid-certified CRS county and tribal providers may contract with other providers to deliver any part of their CRS. However, the Medicaid-certified CRS county or tribal provider retains all legal and fiscal responsibility for the services provided by contractors. Contracted CRS providers do not need to be individually certified by Wisconsin Medicaid.

Each contracted CRS provider (i.e., the service provider with whom the Medicaid-certified county or tribal provider contracts for the provision of CRS) is required to complete the CRS Benefit Provider Agreement and Acknowledgement of Terms of Participation form, F-00312 or F-00312A. The Medicaid-certified CRS county or tribal provider shall retain such forms and renew them periodically as required.

1. CRS services shall be provided upon written order of a CRS Case Manager or Supervisor.
 - **"Community Recovery Services"** may include one or more of the following activities:
 - The following are covered psychosocial rehabilitation services under the CRS benefit:
 -
 - • **Community Living Supportive Services.**
 - • **Peer Supports.**
 - • **Supported Employment.**
 -
 - **Psychosocial Rehabilitation Services**
 - **Community Living Supportive Services**
 -
 - This service covers activities necessary to allow individuals to live with maximum independence in community integrated
 - housing. Activities are intended to assure successful community living through utilization of skills training, cueing
 - and/or supervision as identified by the person-centered assessment. Community living supportive services consist of meal

- planning/preparation, household cleaning, personal hygiene, reminders for medications and monitoring symptoms and
- side effects, teaching parenting skills, community resource access and utilization, emotional regulation skills, crisis coping
- skills, shopping, transportation, recovery management skills and education, financial management, social and recreational
- activities, and developing and enhancing interpersonal skills. Community living supportive services tasks, such as meal
- planning, cleaning, etc., are not done for the individual, but rather they are delivered through training, cueing, and
- supervision to help the member become more independent in doing these tasks.
- Wisconsin would make these services available in a variety of community locations that encompass residential, business,
- social, and recreational settings. Residential settings are limited to an individual's own apartment or house, supported
- apartment programs, adult family homes (AFH), residential care apartment complexes (RCAC), and community-based
- residential facilities (CBRFs) of from 5 to 16 beds (inclusive). The type of residential setting needed would be as agreed
- upon in the person-centered assessment. Individuals needing services in a CBRF setting would be those whose health and
- safety are at risk without 24-hour supervision. Payment is not made for room and board including the cost of building
- maintenance.
- The services provided under 1915(i) will not be duplicative of other state plan services, including but not limited to
- personal care and transportation.

○

○ **Peer Support**

○

- Individuals trained and certified as peer specialists serve as advocates and provide information and peer support for
- members in outpatient and other community settings. All members receiving 1915(i) peer-support services will reside in
- home and community settings. Certified peer specialists perform a wide range of tasks to assist members in regaining
- control over their own lives and over their own recovery process. Peer specialists function as role models demonstrating
- techniques in recovery and in ongoing coping skills through:
 - (a) Offering effective recovery-based services;
 - (b) Assisting members in finding self-help groups;
 - (c) Assisting members in obtaining services that suit that individual's recovery needs;
 - (d) Teaching problem solving techniques;
 - (e) Teaching members how to identify and combat negative self-talk and how to identify and overcome fears;
 - (f) Assisting members in building social skills in the community that will enhance integration opportunities;

- (g) Lending their unique insight into mental illness and what makes recovery possible;
- **ForwardHealth Provider Information • October 2010 • No. 2010-94 10**
- ((h) Attending treatment team and crisis plan development meetings to promote member's use of self-directed recovery tools;
- (i) Informing members about community and natural supports and how to utilize these in the recovery process; and
- (j) Assisting members in developing empowerment skills through self-advocacy and stigma-busting activities.
- Wisconsin 1915(i) Home and Community Based Services will not duplicate other state plan services.

-
-

○ **Supported Employment**

- This service covers activities necessary to assist individuals to obtain and maintain competitive employment. This service
- may be provided by a supported employment program agency or individual employment specialist. The service will
- follow the Individual Placement and Support (IPS) model recognized by the Substance Abuse and Mental Health Services
- Administration (SAMHSA) to be an evidence-based practice. This model has been shown to be effective in helping
- individuals obtain and maintain competitive employment. This promotes recovery through a community integrated,
- socially valued role and increased financial independence. The core principles of this supported employment approach
- are as follows:
- • Participation is based on member choice. No one is excluded because of prior work history, hospitalization history,
- substance use, symptoms, or other characteristics. No one is excluded who wants to participate.
- • Supported employment is closely integrated with mental health treatment. Employment specialists meet frequently
- with the mental health treatment team to coordinate plans.
- • Competitive employment is the goal. The focus is community jobs anyone can apply for that pay at least minimum
- wage, including part-time and full-time jobs.
- • Job search starts soon after a member expresses an interest in working. There are no requirements for completing
- extensive pre-employment assessment and training, or intermediate work experiences (like pre-vocational work
- units, transitional employment, or sheltered workshops).
- • Follow-along supports are continuous. Individualized supports to maintain employment continue as long as the

- member wants assistance.
 - • Consumer preferences are important. Choices and decisions about work and support are individualized based on the
 - person's preferences, strengths, and experiences.
 - The service covers supported employment intake, assessment (not general 1915[i] intake and assessment), job
 - development, job placement, work-related symptom management, employment crisis support, and follow-along supports
 - by an employment specialist. It also covers employment specialist time spent with the individual's mental health
 - treatment team and Vocational Rehabilitation (VR) counselor. The Wisconsin 1915(i) HCB services will not duplicate
 - other State Plan services. The supported employment service does not include services available as defined in S4(a)(4) of
 - the 1975 Amendments to the Education of the Handicapped Act (20 U.S.C. 1401[16], [17]), which otherwise are available
 - to the individual through a state or local educational agency and vocational rehabilitation services, which are otherwise
 - available to the individual through a program funded under S110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).
 -
 -
2. The types, methods, and amounts of CRS services to be provided will be determined via assessment performed by the Case Manager, Consumer and Recovery Team. The Provider is to cooperate with and perform duties as directed and as mutually agreed upon. CRS services will be performed under the supervision of the County Case Manager, CRS Supervisor and Administrative Services Division Manager.

Signature of Provider

Administrative Services Division Manager, JCHS

Date of Signature

Date of Signature